

**KENTUCKY BOARD OF INTERPRETERS
FOR THE DEAF AND HARD OF HEARING**
P.O. Box 1360
Frankfort, Kentucky 40602

LICENSE RENEWAL APPLICATION

☐ Check here if you would like your name listed on a public directory.

Your license expires on July 1 each year. In accordance with KRS Chapter 309 and regulations governing this profession, you are required to renew your license every year by submitting this form, 15 hours of continuing education (to be documented on the back of this form), proof of current RID / NAD certification, and the renewal fee of \$75, made payable to the **Kentucky State Treasurer**. **DO NOT SEND CASH.** Please return the completed form with the appropriate fee to the address above prior to the **deadline date of July 1, 2009**. The late fee for renewals received during the 60-day grace period (postmarked between July 2 and August 31) is \$135. The licensee may continue to work during this grace period. Licensed not renewed by August 31 will terminate and you must immediately **CEASE AND DESIST** the practice of interpreting for the deaf and hard of hearing in the Commonwealth of Kentucky. **No exceptions shall be made. Incomplete forms will be returned.**

PLEASE COMPLETE THE FOLLOWING (Please Print or Type):

1. Note **changes in name and / or mailing address** if different from above:

2. Present Business Address:

3. Home Phone: () _____ Business Phone: () _____

4. License Number _____ Social Security Number: _____

5. Have you been convicted of a felony or misdemeanor where a jail sentence was imposed, or any crime involving moral turpitude since the last renewal of your license? ___Yes ___No. If yes, what offense and give details. (Attach documentation if available)

6. Has your license to be an interpreter of any other professional credential in Kentucky or any other state been subject to disciplinary action? ___Yes ___No. If yes, give details.

(Reverse side must be completed)

7. Have you ever been convicted of violating any federal or state law applicable to the practice of interpreting?
 ____Yes ____No. If yes, give details. _____

8. Have you ever been found to have violated the code of ethics of a national organization that issued you a certification you hold or ever held? If yes, give details. _____

9. I wish to be listed in a public directory of licensed interpreters - ____Yes ____No
 List contact information for the directory below:

Name: _____
 Address: _____
 Phone: _____
 Email: _____

Please complete the form below **INCLUDING COMPLETE DATE AND HOURS OBTAINED**. Incomplete forms will be returned: **(DO NOT attach documentation of attendance unless you are audited.)** It is your responsibility to maintain all documentation of attendance. *Requirements for continuing education are outlined in 201 KAR 39:090*, and should be studied carefully.

Course Name	Dates Attended mm/dd/yr	CEU Hours Earned	Sponsoring Organization	Prior Board Approval Y/N

CERTIFICATION AFFIDAVIT

I, the licensee named above, do certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my license could be subject to disciplinary action by the Kentucky Board of Interpreters for the Deaf and Hard of Hearing.

Date _____ Applicant's Signature _____
 (Sign your name – Do not print or type)

DO NOT WRITE BELOW THIS LINE—FOR BOARD AND OFFICE USE ONLY

AUDIT REVIEW – FOR BOARD MEMBER USE ONLY

Application Approved by: _____ Date: _____

Application Denied by: _____ Date: _____

Resubmitted for review: Approved: [] Denied: [] By: _____ Date: _____

Comments: _____
